

EXHIBIT 16

AFFIDAVITCheck #
File # SJS716196

READ, SIGN, DATE, ATTACH TO YOUR RECORDS, AND SUBMIT TO DEPOSITION OFFICER:

Quest Discovery Services
981 Ridder Park Drive
San Jose, CA 95131
(408) 441-7000 or (800) 800-6800Title of Case: ROY NELSON, III, ET AL. VS. CITY OF HAYWARD, ET AL.
Attorney for DEFENDANT: CITY ATTORNEY'S OFFICE - CITY OF HAYWARD
Attorney for PLAINTIFF: LAW OFFICES OF JOHN BURRISDATE OF DEPOSITION: Monday December 11, 2017
RECORDS PERTAINING TO: ROY LEE NELSON, II DOB:03/13/73

Limitations: JANUARY 1, 2006 TO JANUARY 1, 2016

FEDERAL RULES OF EVIDENCE, RULE 803

It is the regular practice of this business to make the record being certified.

I, THE UNDERSIGNED, BEING THE DULY AUTHORIZED CUSTODIAN OF THE RECORDS AND HAVING THE AUTHORITY TO CERTIFY THE RECORDS DECLARE THE FOLLOWING: THE ATTACHED ARE THE RECORDS OF ST. ROSE HOSPITAL AND THAT THESE RECORDS ARE KEPT IN THE REGULAR COURSE OF BUSINESS AND SUCH BUSINESS IS A TYPE OF BUSINESS IN WHICH IT IS CUSTOMARY TO KEEP SUCH RECORDS; THE RECORDS WERE PREPARED BY PERSONNEL OF THE BUSINESS WITH ACTUAL KNOWLEDGE OF THE MATTERS STATED IN THE RECORDS AND THAT THE ENTRIES CONTAINED IN THE ATTACHED RECORDS WERE MADE AT OR NEAR THE TIME OF THE ACTS, CONDITIONS OR EVENTS DESCRIBED.

TRUE COPIES☒ The attached copy is a true, legible and durable copy of the records described in the Subpoena.ORIGINAL RECORDS☒ The original records described in the Subpoena were delivered to the attorney or the attorney's representative for copying at the witness' place of business.CERTIFICATION OF NO RECORDS☐ That a thorough search of our files revealed no documents, records or other materials called for in the Subpoena and that no such records exist with the information provided. (Please give a detailed explanation.) _____☐ Requested records existed at one time but have since been purged.☐ Records do not exist for the time frame specified.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE Jackie Brackens
PRINTED NAME JACKIE BRACKENS
TITLE COP PHONE # 510-264-4260Executed on 12-13-17 at Hayward CA
INREPLY ST. ROSE HOSPITAL
PLEASE 27200 CALAROGA AVE.
REFER HAYWARD, CA 94545-4383
TO ATTN: MEDICAL RECORDS-ROI**AFFIDAVIT OF PROFESSIONAL PHOTOCOPIER**
SECTION 22462 of Business and Professions Code.

I solemnly affirm that I am the attorney's representative and that I made true copies of all the original records delivered to me by the Custodian of Records of the within named location, and these records will be distributed to the authorized persons or entities.

Executed on 12/13/17At Hayward, CASignature [Signature]

S J S 7 1 6 1 9 6 \$ M S

AFFIDAVIT

/ AFFIDAVI



2CONSENT

ST. ROSE HOSPITAL OUTPATIENT AND DIAGNOSTIC SERVICES AGREEMENT

1. CONSENT TO OUTPATIENT AND DIAGNOSTIC SERVICES

The undersigned consents to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, medical or surgical treatment or procedures, anesthesia, or hospital services rendered the patient under the general and special instructions of the patient's physician or surgeon.

2. RELEASE OF INFORMATION

Upon inquiry, the hospital may make available to the public certain basic information about the patient, including name, and general condition. If the patient or the patient's legal representative does not want such information to be released, he/she must make a written request for such information to be withheld. The patient or the patient's legal representative may obtain a separate form for this purpose upon request.

The hospital will obtain the patient's written authorization before releasing anything other than basic information, unless the hospital is permitted or required by law to release the information without an authorization.

The undersigned agrees that, to the extent necessary to determine liability for payment and to obtain reimbursement, the hospital may disclose portions of the patient's record, including his/her medical records, to any person or entity which is or may be liable, for all or any portion of the hospital's charges, including but not limited to insurance companies, health care service plans, or workers' compensation carriers. Special permission is needed to release this information where the patient is being treated for alcohol or drug abuse.

3. PERSONAL VALUABLES

The hospital shall not be liable for loss of money, jewelry, or other personal items, unless placed in the safe. The limit of liability of the hospital for items placed in the safe is limited under California law to \$500. While you are permitted to keep other personal items with you (such as glasses, hearing aids, or dentures), the hospital cannot be responsible for and is not liable in the event of their loss.

4. FINANCIAL AGREEMENT

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the regular rates and terms of the hospital. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense.

4a. FINANCIAL ASSISTANCE / CHARITY CARE POLICY

If you don't have health insurance, you may qualify for financial assistance. St. Rose Hospital has a program to assist uninsured low income patients with payment of hospital bills.

5. ASSIGNMENT OF INSURANCE BENEFITS

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the hospital of any insurance benefits otherwise payable to or on behalf of the patient for these outpatient services, at a rate not to exceed the hospital's regular charges. It is agreed that payment to the hospital, pursuant to this authorization, by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

Seq. 0009 (2/23/11)

**PLEASE BE ADVISED THAT
 ST. ROSE HOSPITAL IS A
 NO-SMOKING HEALTH FACILITY.**

**A COPY OF THIS DOCUMENT IS TO BE DELIVERED
 TO THE PATIENT AND ANY OTHER PERSON
 WHO SIGNS THIS DOCUMENT.**

MEDICAL RECORDS COPY

300289685 12/19/2015 03:10 00130126
 NELSON, ROY
 03/13/1973 42Y Male EMERGENCY ROOM
 KAO, YI-LING
 PHYSICIAN'S ORDER FOR THIS PATIENT'S RECORD

6. HEALTH PLAN OBLIGATION

This hospital maintains a list of the health care service plans with which it contracts. A list of such plans is available from the financial office. The hospital has no contract, express or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full charges of all covered services rendered to him/her by the hospital if he/she belongs to a plan which does not appear on the above mentioned list.

7. PHYSICIANS ARE INDEPENDENT CONTRACTORS

All physicians furnishing services to the patient, including the emergency services physician, radiologist, pathologist and the like, are independent contractors with the patient and are not employees or agents of the hospital. **You may receive separate bills from these physicians.** _____ (Patient's Initial)
 The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician to obtain the patient's informed consent, when required, for medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered the patient under the general and special instructions of the physician.

8. NOTICE OF PRIVACY PRACTICES AND PATIENT'S RIGHTS: I hereby acknowledge that I have received a copy of St. Rose Notice of Privacy Practices and Patient's Rights. _____ pt's. initial

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

 Date _____ Time _____ AM/PM
 WITNESS
A mable to sign
12/19/15 1510

PATIENT/PARENT/GUARDIAN/CONSERVATOR

If signed by other than patient, indicate relationship: _____

Financial Responsibility Agreement by Person Other Than the Patient, or the Patient's Legal Representative: I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement, Assignment of Insurance Benefits, and Health Plan Obligation Provisions above.

 Date _____ Time _____ AM/PM
 WITNESS

FINANCIALLY RESPONSIBLE PARTY

Seq. 0009 (2/23/10)

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT.

MEDICAL RECORDS COPY

PATIENT LABEL	
300289685	12/19/2015 03:10 00130126
NELSON, ROY	
03/13/1973 42Y Male EMERGENCY ROOM	
KAO, YI-LING	
THE HAYWARD AREA HOSPITAL	

St. Rose
HOSPITAL

27200 Calaroga Avenue
Hayward, CA 94545-4388

510.264.4000
www.srhca.org

CONSENT TO TELEPHONE CALLS FOR FINANCIAL COMMUNICATIONS

(Telephone Consumer Protection Act)

In order for St. Rose Hospital, its assignees and third party collection agents, to service my account and/or to collect any amounts I may owe, I expressly agree and provide consent for St. Rose Hospital, its assignees and third party collection agents to contact me by telephone, text messages, and/or e-mail at any telephone number (including cellular or wireless phone number) or e-mail address I have provided or that St. Rose Hospital, its assignees and third party collection agents have obtained, and at any number forwarded or transferred from those numbers, regarding my hospitalization, the services rendered, amounts owed by me, and/or any related financial obligations. I expressly acknowledge and agree that methods of contact may include using pre-recorded/artificial voice messages and/or an automatic dialing device or auto-dialer and that such communications and voice messages may include information required by law (including debt collection law) to be relayed to me in connection with amounts owed by me.

Dated: _____

Name _____
Signature

Name _____
Print

*PT unable
to sign
12/19/15 C317*

300289685 12/19/2015 03:10 00130126
NELSON, ROY
03/13/1973 42Y Male EMERGENCY ROOM
KAO, YI-LING

SR

SCAN HERE TO PRINT

300289685 12/19/2015 03:10 00130126
 NELSON, ROY
 03/13/1973 42Y Male EMERGENCY ROOM

ODE

CODE BLUE FORM

Date: 12/19 Time: 0707 Location: ED or ☒ Pre-Hospital Arrest
 Type of Event: ☐ Respiratory ☐ Respiratory Leading to Cardiorespiratory ☐ Cardiorespiratory
 Witnessed: ☒ Yes ☐ No Length of Downtime: 20-30 min (by estimate)
 Monitored: ☐ Yes ☐ No ☐ In Progress (ED Only)
 Patient Conscious at Onset: ☐ Yes ☒ No Pulse Present at Onset: ☐ Yes ☒ No

Code Physician: Dr. Kao Physician: _____
 Team Compressor: Stephanie Pau Recorder: Heidi RN
 (w/ last ICU Nurse: _____ Primary RN: Heidi RN
 names): Supervisor: CITRITO YAN RCP: _____
 Other: Anthony, Dr. CN Other: _____

AIRWAY/VENTILATION

Initial: ☐ Spontaneous ☐ Agonal ☒ Apneic ☐ Assisted

Type of Ventilation: ☐ Mask ☐ Bag Valve Mask ☐ ETT

☐ Tracheostomy FIO₂: _____ ☐ Other: _____

Intubation: Time: _____ Size: _____

By Whom: _____ ☒ Intubated in Field

Tube Placement Confirmed by: ☐ Auscultation ☐ EICO₂

CIRCULATION

Initial Rhythm: PEA ☐ Mounted

A. Circulation; CPR started: in place 0245

B. Circulation: Balloon Pump ☐ Yes ☐ No

External Pacemaker On: ☐ Yes ☒ No

Time: _____ MA: _____ Rate: _____

Lucas Device used: ☐ Yes ☒ No

Pediatrics: Age: _____ Wt.: _____ Ht.: _____

Braslow Color: _____

OUTCOME

Resuscitation Ended at: 0728

Reason Resuscitation Ended:

☐ Return of Spontaneous Respirations

☐ Return of Spontaneous Pulse

☒ Unresponsive to ACLS/PALS

☐ Other: _____

Disposition: ☐ ICU ☐ Remained on Ward ☐ Morgue

☐ PMD Notified ☒ Family Notified of patient's condition

Death Pronounced by: Dr. Yi-Ling Kao

Time	Rhythm	CPR Resumed	Respirations	SpO ₂	Pulse (+/-)	BP	Defib/Cardiovert (Joules)	Epinephrine (1mg)	Nesopressin (40 units)	Atropine (0.5-1mg)	Sodium Bicarb (1amp)	Amiodarone (150-300mg)	Lidocaine (1mg/kg)	Procainamide (20-50mg)	Magnesium Sulfate (12gms)	Calcium Chloride (1amp)	Amiodarone Drip (50mg / 250mL D5W)	Lidocaine Drip (2mg / 50mL D5W)	Dopamine Drip (400mg / 250mL D5W)	Norepinephrine Drip (1mg / 250mL D5W)	Comments / Notes:
0707	PEA	✓	—	—	—	—	—														Pulseless, apneic, ET tube in place
0714	PEA	✓	—	—	—	—	—														IO epi x1, 1 LNS on gary.
0716	PEA	✓	—	—	—	—	—														Ⓟ AZ epi x1
0718	PEA	✓	—	—	—	—	—														Ⓟ AZ epi x1, NET (Dr. Kao)
0720	PEA	✓	—	—	—	—	—														FRMS: 346

St. Rose
HOSPITAL

RN Signature: _____

(02/19/2015) Page 1 of 2

MD Signature: _____

Place patient identifier on each Code Blue sheet used.

Original Chart

NELSON, ROY L

300289685

****0126

5 of 144

000076

3CODE:

[illegible]

Code Summary Printed and Attached

(02/19/2015) Page 2 of 2

300289685 12/19/2015 03:10 00130126
NELSON, BOB

NELSON, ROY

03/13/1973 42Y Male EMERGENCY ROOM
KAO YU LING

KAO, YI-LING

THESE TWO TYPES OF DATA ARE USED TO

Place patient identifier on each Code Blue sheet used.

DATE	NELSON, ROY		CPR ▼
TIME	20151219031032	130126	x1 1-30Hz
LEAD	ED2		
RATE	Sex: M 19 Dec 2015	03:17:50	
PR. INT.			
QRS DUR.	Q T INT.	25mm/sec	ELD K140
SUMMARY			

300289685 12/19/2015 03:10 00130126
NELSON, ROY
03/13/1973 42Y Male EMERGENCY ROOM
KAO, YI-LING

PT. ACTIVITY

DATE	NELSON, ROY		Print 2 ▼
TIME	20151219031032	130126	x1 1-30Hz
LEAD	ED2		
RATE	Sex: M 19 Dec 2015	03:17:52	
PR. INT.			
QRS DUR.	Q T INT.	25mm/sec	EI
SUMMARY			

300289685 12/19/2015 03:10 00130126
NELSON, ROY
03/13/1973 42Y Male EMERGENCY ROOM
KAO, YI-LING

PT. ACTIVITY

DATE	NELSON, ROY		Print 1 ▼
TIME	20151219031032	130126	x1 1-30Hz
LEAD	ED2		
RATE	Sex: M 19 Dec 2015	03:18:28	
PR. INT.			
QRS DUR.	Q T INT.	25mm/sec	PRINTED IN U
SUMMARY			

300289685 12/19/2015 03:10 00130126
NELSON, ROY
03/13/1973 42Y Male EMERGENCY ROOM
KAO, YI-LING

PT. ACTIVITY

St. Rose
HOSPITAL

27200 CALAROGA AVENUE
HAYWARD, CALIFORNIA 94545

CARDIAC RHYTHM RECORD

300289685 12/19/2015 03:10 00130126
NELSON, ROY
03/13/1973 42Y Male EMERGENCY ROOM
KAO, YI-LING

■■■■■■■■■■

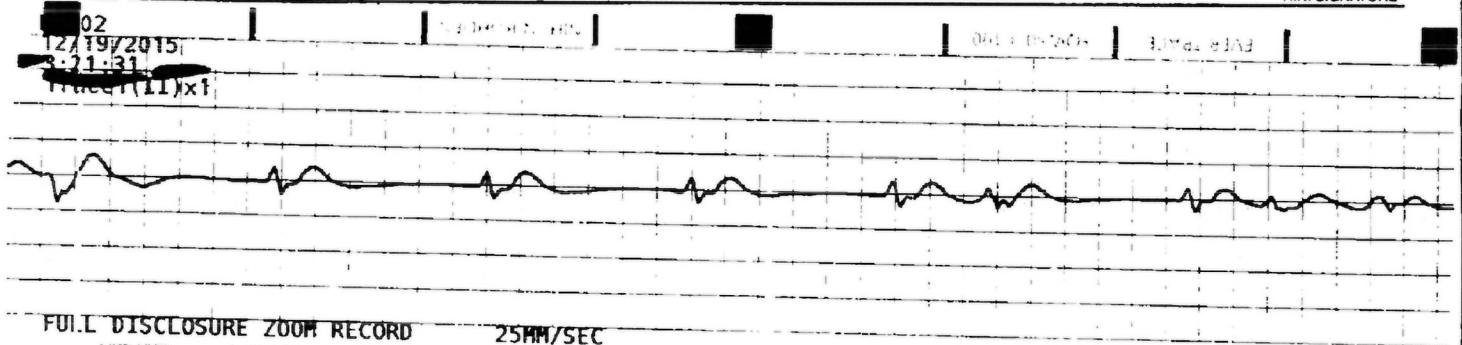
3STRIP

DATE	Name: Nam Name: Name: ID: 20151219	
TIME	Paddles x1 2 1x1 11x1 11x1 1-30Hz	
LEAD	25mm/sec 25mm 25mm/ 25mm/sec ST ROSE ER 3201646-057 2065500603	
RATE	E.L.D K140	
PR. INT.		
QRS DUR.	Q.T. INT.	
SUMMARY: ASYSTOLE		
PT. ACTIVITY		

300289685 12/19/2015 03:10 00130126

NELSON, ROY
03/13/1973 42Y Male EMERGENCY ROOM
KAO YI-LING

R.N. SIGNATURE



FULL DISCLOSURE ZOOM RECORD 25MM/SEC

DATE	SUMMARY:	
TIME	PT. ACTIVITY: PEA	
LEAD	R.N. SIGNATURE	
RATE		
PR. INT.		
QRS DUR.	Q.T. INT.	
SUMMARY:		
PT. ACTIVITY		

SEQ NO. 1620 (2/17/10)

St. Rose
HOSPITAL27200 CALAROGA AVENUE
HAYWARD, CALIFORNIA 94545

CARDIAC RHYTHM RECORD

PATIENT LABEL

300289685 12/19/2015 03:10 00130126
NELSON, ROY03/13/1973 42Y Male EMERGENCY ROOM
KAO YI-LING

■■■■■■■■■■

R.N. SIGNATURE

DISCHARGE REPORT
ST. ROSE HOSPITAL

27200 Calaroga Ave. Hayward, CA 94545

C.N. TSCHETTER, MD., C.O. BURDICK, MD.

PATIENT: NELSON, ROY L MRN: 0130126 LOCATION: ER
I.D.#: 300289685 DISCH.: 12/19/15 DOB: 03/13/1973 AGE: 42 SEX: M

LABORATORY RESULTS

COLLECTED	12/19/15 03:13	REFERENCE RANGE
VERIFIED	12/19/15 03:46	
PRIORITY, PHYSICIAN	STAT KAO, YI-LING	

CHEMISTRY			
Sodium	150	H	135-145 mmol/L
Potassium	4.8		3.6-5.1 mmol/L
Chloride	107		101-111 mmol/L
Carbon Dioxide	17	L	22-32 mmol/L
Calcium	8.9		8.9-10.3 mg/dL
Anion Gap	31	H	15-17 mmol/L
Glucose	371	H	74-118 mg/dL
Blood Urea Nitrogen	12		8-20 mg/dL
Creatinine	1.6	H	0.7-1.2 mg/dL
BUN/CREAT Ratio	8	L	10-20
eGFR Non-African Amer.	50	AB	
eGFR African American	>60		
AST/SGOT	111	H	15-41 IU/L
ALKALINE PHOS	75		38-126 IU/mL
Total Protein	6.9		6.1-7.9 g/dL
ALBUMIN	3.8		3.5-4.8 g/dL
Globulin	3.1		g/dL
A/G Ratio	1.2		
Total Bilirubin	0.4	M3	0.4-2.0 mg/dL
Calculated Osmol.	313	H	270-300
ALT/SGPT	109	H	17-63 IU/L

M1: 2

M2: eGFR is expressed in mL/min/1.73 m² body surface area.
Persistent reduction of GFR to below 60 mL/min/1.73 m²
is defined as Chronic Kidney Disease. eGFR is less accurate
at levels >60 and is not provided.

M3: Our bilirubin assay methodology may report falsely elevated
levels in patients taking Naproxen (Aleve).

HEMATOLOGY

COLLECTED	12/19/15 03:13 NSG	
White Blood Cells	7.8	4.5-11.0 10 ³ /uL
Red Blood Cells	4.56	4.40-5.90 10 ⁶ /uL
Hemoglobin	11.2	13.3-17.7 g/dL
Hematocrit	39.4	40.0-52.0 %

* - RESULT REPORTED FIRST TIME

ATT. PHYS.: KAO, YI-LING

MRN: 0130126

LOCATION: ER

PATIENT: NELSON, ROY L

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, CH-CRITICAL HIGH, CL-CRITICAL LOW

LABORATORY RESULTS

DISCLAIMER: The Verified Date and Time represents the last test result verified on the chapter. The Date/Time next to the order
number represents the Collected Date/Time.

Report Print Date and Time: 12/21/2015 13:28

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 Records From: ST. ROSE HOSPITAL
 Regarding: ROY NELSON, III, ET AL. VS. CITY OF HAYWARD, ET AL
 Quest Discovery Services - SJ5716196

DISCHARGE REPORT

ST. ROSE HOSPITAL
 27200 Calaroga Ave. Hayward, CA 94545

C.N. TSCHETTER, MD., C.O. BURDICK, MD.

PATIENT: NELSON, ROY L MRN: 0130126 LOCATION: ER
 I.D.#: 300289685 DISCH.: 12/19/15 DOB: 03/13/1973 AGE: 42 SEX: M

LABORATORY RESULTS

K4190091-M1		REFERENCE RANGE
COLLECTED	12/19/15 03:13	
VERIFIED	12/19/15 03:46	
PRIORITY, PHYSICIAN	STAT KAO, YI-LING	
HEMATOLOGY		
MCV	86.4	85.0-95.0 fL
MCH	24.6	27.0-31.0 pg
MCHC	28.5	32.0-36.0 %
Platelet Count	279	140-440 10 ³ /uL
MPV	8.7	7.4-12.0 fL
RDW	14.6	11.5-14.5 %
MORPHOLOGY/DIFFERENTIAL		
COLLECTED	12/19/15 03:13 NSG	
Neutrophil %	50.2	45.0-80.0 %
Lymphocyte %	39.6	23.0-45.0 %
Monocyte %	7.6	3.0-11.0 %
Eosinophil %	0.7	0.0-6.0 %
Basophil %	1.9	0.0-2.0 %

* - RESULT REPORTED FIRST TIME

ATT. PHYS.: KAO, YI-LING

MRN: 0130126

LOCATION: ER

PATIENT: NELSON, ROY L

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, CH-CRITICAL HIGH, CL-CRITICAL LOW

LABORATORY RESULTS

DISCLAIMER: The Verified Date and Time represents the last test result verified on the chapter. The Date/Time next to the order number represents the Collected Date/Time.

Report Print Date and Time: 12/21/2015 13:28

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NELSON, ROY L

300289685

****0126

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000081



300289685 12/19/2015 03:10 00130126

NELSON, ROY

03/13/1973 42Y Male EMERGENCY ROOM

KAO, YI-LING



INFO

St. Rose
HOSPITAL

Please help us to assist you by answering the following health and travel screening questionnaire:

1. Recent Travel: ☐ Yes ☒ No Where? _____

2. When (how many days, months, or weeks ago)? _____

IF ANSWER "NO" TO ABOVE: **STOP QUESTIONNAIRE**

Please check the box if you have any of the following symptoms:

☐ Fever

☐ Severe Headache

☐ Muscle Pain

☐ Weakness

☐ Diarrhea

☐ Vomiting

☐ Stomach Pain

☐ Unexplained Bleeding or Bruising

St. Rose
HOSPITAL

Ayúdenos por favor a asistirle rápidamente contestando al cuestionario siguiente de la investigación:

1. Recorrido reciente ☐ Sí ☒ No Dónde? _____

2. Cuándo (hace cuántos días, meses, o semanas)? _____

SI LA RESPUESTA "NO" PARA ARRIBA: **STOP CUESTIONARIO**

Compruebe por favor la caja si usted tiene el un de los después de síntomas:

☐ Fiebre (mayor que 38.6 C o 101.5F)

☐ Dolor de cabeza severo

☐ Dolor muscular

☐ Weakness

☐ Diarrea

☐ Vómitos

☐ Dolor de estómago

☐ Hematomas o sangrado inexplicables

201410 IPC 017

TRAVEL SCREENING

PATIENT LABEL



**ST. ROSE EMERGENCY DEPT.
ST. ROSE HOSPITAL ED RECORD**

Nelson, Roy L
DOB: 3/13/1973 M42
Wt/Ht: 90.7 Kg (est.)
MedRec: 00130126
AcctNum: 300289685

Patient Data

Complaint: cardiac arrest

Triage Time: Sat Dec 19, 2015 03:09

Urgency: Level 1

Bed: ED

Initial Vital Signs:

BP:

P:

O2 sat:

ED Attending: Kao, MD, Yi Ling

Primary RN: Palma-Corral, RN, Heidi

R:

T:

Pain:

HPI CARDIAC ARREST (03:22 NZEN)

CHIEF COMPLAINT: Patient presents for evaluation of cardiac arrest. **HISTORIAN:**

Additional history obtained from EMS. TIME COURSE: Approximate time of arrest, 0245, witnessed. **PRIOR TO ARRIVAL:** Occurred in public place, **Initial cardiac rhythm pulseless electrical activity**, Drugs given prior to arrival in emergency department: EPINEPHRINE, Treatments in progress upon arrival to emergency department: Airway, maintained with intubation prior to arrival, CPR in progress. **E/M CAVEAT:** Emergency room caveat invoked due to, cardiac arrest. **NOTES:** 42 year old male patient with PMH of schizophrenia brought in by ambulance from Chabot College as CODE 3 with CPR in progress for cardiac arrest. Upon arrival to ED, patient remained in PEA. Per EMS, patient was initially called in as 5150 by law enforcement. EMS states patient was combative with police and was in the process of being put in restraints when patient went into arrest and collapsed at approximately 0245. EMS states patient was in PEA on scene and en route. CPR was activated. Patient was intubated by EMS en route. Patient was given EPI x 3 and 2 amps bicarb en route. IO to left tibia established by EMS en route. Fingerstick was 162. ER caveat invoked due to cardiac arrest. Documentation assistance provided by scribe for ERMD Kao.

KNOWN ALLERGIES

NKDA

No Known Drug Allergies

ROS (03:22 NZEN)

NOTES: Emergency room caveat invoked due to, cardiac arrest.

PAST MEDICAL HISTORY

MEDICAL HISTORY: No past medical history, Flu vaccine up to date, Tetanus immunization up to date. (03:40 HPC)

SURGICAL HISTORY: Patient has no surgical history, Patient has no surgical history. (03:40 HPC)

PSYCHIATRIC HISTORY: Psychiatric history includes, schizophrenia. (03:40 HPC)

SOCIAL HISTORY: Patient has no smoking history, Patient denies alcohol use, Patient denies drug use, Lives, group program. (03:40 HPC)

FAMILY HISTORY: Family history is non-contributory to this case. (03:40 HPC)

NOTES: Nursing records reviewed, Agree with nursing records. (03:24 NZEN)

CURRENT MEDICATIONS

No recorded medications



**ST. ROSE EMERGENCY DEPT.
ST. ROSE HOSPITAL ED RECORD**

Nelson, Roy L
DOB: 3/13/1973 M42
Wt/Ht: 90.7 Kg (est.)
MedRec: 00130126
AcctNum: 300289685

PHYSICAL EXAM

SEEN BY PROVIDER: **Provider Contact Time:**, 12/19/2015 03:07. (03:22

NZEN)

CONSTITUTIONAL: Vital signs reviewed, **Pulse, absent, Blood pressure, absent, Respiratory rate, artificial, Patient, unresponsive, flacid.** (04:37 YKAO)

HEAD: Head exam included findings of head atraumatic. (03:27 NZEN)

EYES: **Pupils not equally round and reactive to light, Left pupil dilated, Left pupil fixed, Right pupil dilated, Right pupil fixed.** (03:27 NZEN)

ENT: Pharynx exam normal, ET tube in mouth. (03:45 NZEN)

NECK: Trachea midline, no abrasions, no contusions, no ecchymosis. (04:38 YKAO)

RESPIRATORY CHEST: Breath sounds clear, no spontaneous respirations, breathing was assisted, bilateral breath sounds. (03:28 NZEN)

CARDIOVASCULAR: **Carotids abnormal, absent, Femoral pulses, absent, pulseless.** (03:29 NZEN)

ABDOMEN MALE: **Distension present**, no peritoneal signs. (03:46 NZEN)

UPPER EXTREMITY: Upper extremity exam included findings of inspection normal. (03:30

NZEN)

LOWER EXTREMITY: Lower extremity exam included findings of inspection normal, no edema,

IO left tibia. (03:30 NZEN)

NEURO: **Neuro exam findings include patient oriented to, unresponsive, flaccid, no spontaneous movement.** (03:29 NZEN)

SKIN: dry, and normal in color. (03:29 NZEN)

LAB INTERPRETATION (04:07 NZEN)

INTERPRETATION: **H/H: 11.2, 39.2**

MCV: 86.4

WBC: 7.8

Plt: 279

Na: 150

K: 4.8

HCO3: 17

BUN: 12

Creat: 1.6

Glu: 371

Anion Gap: 31

LFTs are WNL except:

AST: 111

ALT: 109

Calculated Osmol: 313.

DOCTOR NOTES

TEXT: on arrival patient remained in pea arrest, cpr in progress. ett tube placement confirmed via direct visualization and bilateral breathe sound auscultated. fs in ed 300's patient received epi X 4 and bicarb X 1, iv fluid X 2L. patient had periods of pea/agonal rhythm and asystole.



**ST. ROSE EMERGENCY DEPT.
ST. ROSE HOSPITAL ED RECORD**

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MedRec: 00130126
AcctNum: 300289685

patient in asystole at the end. bedside echo no cardiac activity. patient pronounced at 03:28am. (03:48 YKAO)

emotional support given to mother/uncle. per mother patient was picked up at his ex wife's house and patient was suppose to go to John George. no recent illness reported. (06:22 YKAO)

ATTENDING (Wed Dec 23, 2015 10:37 YKAO)

ATTENDING: The portions of the chart written by the scribe (annotated by SCRIBE in their name) were done under my direction, and I agree with what they have written.

DIAGNOSIS (03:28 YKAO)

FINAL: PRIMARY: Cardiopulmonary arrest.

TRIAGE (Sat Dec 19, 2015 03:09 HPC)

TRIAGE NOTES: BIBA for cardiac arrest, started with PEA. pt on 5150 from Chabot college

Intubated on arrival. 3 Epinephrine given and bicarb 1 amp given on route. IO in place to left tibia.

Upon arrival CPR on progress, pt apneic.

EMS FSBS 162. (Sat Dec 19, 2015 03:09 HPC)

PATIENT: AGE: 42, GENDER: male, DOB: Tue Mar 13, 1973, 5150: Security at Bedside Upon

Arrival, KG WEIGHT: 90.7 (est.). (Sat Dec 19, 2015 03:09 HPC)

NAME: Nelson, Roy L. (03:52 YKAO)

ADMISSION: URGENCY: Level 3, TRANSPORT: Code II-ALS, BED: WAITING. (Sat Dec 19, 2015 03:09 HPC)

COMPLAINT: cardiac arrest. (Sat Dec 19, 2015 03:09 HPC)

PAIN ASSESSMENT: Triage assessment performed. (03:40 HPC)

PROVIDERS: TRIAGE NURSE: Heidi Palma-Corral, RN. (Sat Dec 19, 2015 03:09 HPC)

NOTES: pt was brought in by Paramedic Plus # 4208. (04:47 HPC)

SEPSIS SCREENING 2015: Patient does not currently screen positive for SIRS, Patient does not currently screen positive for infection, Negative Sepsis Screen, Patient does not currently screen positive for Severe Sepsis, Negative Severe Sepsis Screen. (03:40 HPC)

NURSING ASSESSMENT: HEAD-TO-TOE (03:40 HPC)

CONSTITUTIONAL: Patient arrives, via stretcher, carried, via Emergency Medical Services, Unsteady gait, Inability to ambulate, History obtained from, Emergency Medical Services, Patient appears, unconscious, Patient, unresponsive, Patient, unresponsive, Skin abnormal, Skin temperature is cold, Skin, Skin, pale in color.

NON VERBAL PAIN: Non Verbal pain assessment findings include: Non-verbal expressions of pain at rest (1), Non-Verbal complaints present with movement (1), Facial Grimaces present at rest (1), Facial grimaces present with movement (1), Bracing present at rest (1), Bracing present with movement (1), Restlessness present at rest (1), Restlessness present with movement (1), Rubbing present at rest (1), Rubbing present with movement (1), Result: 10.

SKIN: Skin assessment findings include skin warm, Skin dry, Skin, pale in color, Inspection findings include no abrasions, Inspection findings include no lacerations, Inspection findings include no lesions, Inspection findings include no redness, Inspection findings include no signs of trauma, Inspection findings include no swelling.



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NEURO: Pupils not equally round and reactive to light, fixed, Face symmetrical, Speech, not verbally responsive, GCS:, Eye opening: (1) – Absent, Verbal: (1) – Absent, Motor: (1) – Absent, GCS Total: 3, Hand grasps unequal, no associated nausea, no associated vomiting.

EYES: Eye assessment findings include orbits normal, Eye lids normal.

ENT: Ear assessment findings include ear normal to inspection.

NECK: Neck assessment findings include trachea midline.

RESPIRATORY/CHEST: Respiratory assessment findings include respiratory effort, apneic, Breath sounds clear, Neck and chest exam findings include trachea midline, Notes: arrived with ET, pt apneic, EMS bagging continuously.

CARDIOVASCULAR: Heart rhythm, asystole, Notes: arrived with CPR in progress.

ABDOMEN: Abdomen assessment findings include abdomen symmetrical, Notes: distended.

GENITOURINARY MALE: Male genitourinary assessment findings include external genitalia normal.

LEFT UPPER EXTREMITY: Skin color, pale, Skin temperature, cool to touch, Inspection findings include no abrasions, Inspection findings include no amputation, Inspection findings include no lesions, Inspection findings include no redness, Inspection findings include no signs of trauma, Inspection findings include no swelling.

RIGHT UPPER EXTREMITY: Skin color, pale, Skin temperature, cool to touch, Inspection findings include no abrasions, Inspection findings include no amputation, Inspection findings include no lesions, Inspection findings include no redness, Inspection findings include no signs of trauma, Inspection findings include no swelling.

LEFT LOWER EXTREMITY: Skin color, pale, Skin temperature, cool to touch, Inspection findings include no abrasions, Inspection findings include no amputation, Inspection findings include no lesions, Inspection findings include no redness, Inspection findings include no signs of trauma, Inspection findings include no swelling.

RIGHT LOWER EXTREMITY: Skin color, pale, Skin temperature, cool to touch, Inspection findings include no abrasions, Inspection findings include no amputation, Inspection findings include no lesions, Inspection findings include no redness, Inspection findings include no signs of trauma, Inspection findings include no swelling.

NURSING PROCEDURE: GASTRIC TUBE (03:25 HPC)

PATIENT IDENTIFIER: Patient's identity verified by patient stating name, Patient's identity verified by patient stating birth date, Patient's identity verified by hospital ID bracelet.

GASTRIC TUBE: Notes: NGT 16 FR to left nare inserted by Jane L. RN. unverified and not used.

NURSING PROCEDURE: INTUBATION (03:23 HPC)

PATIENT IDENTIFIER: Patient's identity verified by patient stating name, Patient's identity verified by patient stating birth date, Patient's identity verified by hospital ID bracelet.

INTUBATION: via ambu bag, Patient intubated orally, Intubated by Dr. EMS – in field, using an 8.0 mm endotracheal tube, Number at the lip (cm) 20–21, Notes: intubated in field by EMS.

NURSING PROCEDURE: IV



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PATIENT IDENTIFIER: Patient's identity verified by patient stating name, Patient's identity verified by patient stating birth date, Patient's identity verified by hospital ID bracelet. (03:11 HPC)

IV SITE 1: Intraosseous line established, to the left tibia, Notes: **on arrival per EMS.**

(03:14 HPC)

IV established, to the right antecubital, using a 20 gauge catheter, in one attempt, Notes: **inserted by Fernando RN.** (03:11 HPC)

FOLLOW-UP SITE 1: After procedure, 2x3 ensure dressing applied, After procedure, no drainage at IV site, After procedure, no swelling at IV site, After procedure, no redness at IV site. (03:11 HPC)

NURSING PROCEDURE: NURSE NOTES

NURSES NOTES: Notes: **CPR started at 0307 by anthony.** (03:16 HPC)

Notes: **first epinephrine left IO given by Stephanie RN.** (03:15 HPC)

Notes: **no pulse.** (03:19 HPC)

Notes: **second epi given.** (03:16 HPC)

Notes: **no pulse, continue CPR, 3rd Epi given.** (03:18 HPC)

Notes: **1 Liter NS to left IO.** (03:21 HPC)

Notes: **4th epi given right AC.** (03:23 HPC)

Notes: **first bicarb to right AC IV.**

NO pulse, continue CPR. (03:24 HPC)

Notes: **no pulse CPR cont.** (03:26 HPC)

Notes: **CPR started by EMS at 0245 hrs. no pulse at this time, pt asystole on the monitor, Dr Kao called for time of death.** (03:29 HPC)

Notes: **no pulse, continue CPR. FSBS: 346.** (03:20 HPC)

Notes: **Paul RN contacted pt's mother Ornell Nelson (209) 390-2830. Pt's mother from Stockton and she will be on her way shortly. She does not know yet that pt passed away.** (03:40 HPC)

(HPC)

Notes: **California Transplant Donor Network contacted at 0357 hrs, spoke to Zac Rose. received a referral number 1532797. Notified CTDN contact person that pt was put on coroner's case and coroner will be here soon.** (03:58 HPC)

Notes: **Coroner contacted at 0343 hrs, spoke to Deputy Unubu with badge #1914. pt was put on coroner's case, police department will be contacted and they will call back. Deputy Unubun advised not to touch the pt beginning 0343 hrs onwards.** (03:44 HPC)

Notes: **HPD at bedside.**

Belongings: 1 pair of black sneakers, 1 pair white socks, a gray sweat pants and an underwear. (03:50 HPC)

Notes: **CTDN staff Evan Doiron called and agreed to put pt at the hospital morgue and they will contact the pt's family soon.** (06:14 HPC)

Notes: **Coroner's deputy Unubun called and spoke to HPD officer, Dep Unubun instructed to put the body to hospital morgue and morning staff will continue case. Pt's mother at the hospital, Dr Kao and Charge Nurse Anthony talked to her, Interim packet being discussed and signed by pt's mother.** (06:05 HPC)

Notes: **pt's mother does not want to sign release of remains, verbalized that pt's ex-wife and pt's son is on their way to the hospital, and that the pt's ex-wife should sign the release of remains. HPD still at bedside.** (06:33 HPC)



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Notes: Coroner staff spoke to Charge Nurse, per Charge Nurse Anthony, coroners are on their way as well as the detectives. Instructed not to let family sign release of remains. Coroners will pick up the remains and belongings. (07:02 HPC)

Shift change report given, to Hye Jung RN/Charge Nurse, Provided opportunity to answer questions. (07:17 HPC)

Notes: Coroners are here to pick up the body. (07:30 HKIM)

Notes: blood sample which was collected at 3:11am given to coroner officer. (07:46 HKIM)

Notes: coroner officers are talking to family in the grieving room. (07:48 HKIM)

Notes: coroner officers left with the body. (07:52 HKIM)

DISPOSITION

PATIENT: Disposition: Morgue/Released to Coroner, Disposition Transport: Stretcher,

Condition: Expired. (03:28 YKAO)

Remove from ER. (07:52 HKIM)

ADMIN

DIGITAL SIGNATURE: Zeng, SCRIBE, Noel. (05:21 NZEN)

Kao, MD, Yi Ling. (Wed Dec 23, 2015 10:38 YKAO)

Chipres, PMR, Yessenia. (Tue Apr 04, 2017 12:20 YC)

PATIENT DATA CHANGE: 300289685 by Interface, Name: NELSON, ROY L, Language:

English, Medical record number: 0130126, Phone: (510)688-5301, Payment: (none), Race: (none),

Zip Code: 94605, Account number: 300289685, SSN: 565518840, Visit Number: 300289685, ADT

Timestamp: Sat Dec 19, 2015 03:08. (03:11 ESP)

A05 2015121912459121 by Interface, Payment: (none). (03:12)

Attending changed from (none) to Yi Ling Kao, MD. (03:28 YKAO)

Name: Nelson, Roy L, Race: (none). (03:52 YKAO)

Urgency: Level 1. (04:28 HPC)

Primary Nurse changed from (none) to Heidi Palma-Corral, RN. (04:50 HPC)

Extender changed from (none) to Yessenia Chipres, PMR. (06:53 YC)

Facility Coder: Abigail Orona. (Sun Dec 20, 2015 13:20 AORO)

PRESCRIPTION

No recorded prescriptions

IMAGING

AMBULANCE RUN SHEET: Image captured from scanner. (04:34 SNIS)

Page 002 added. Image captured from scanner. (04:34 SNIS)

Page 003 added. Image captured from scanner. (04:34 SNIS)

Page 004 added. Image captured from scanner. (04:34 SNIS)

Page 005 added. Image captured from scanner. (04:34 SNIS)

Page 006 added. Image captured from scanner. (04:35 SNIS)

Page 007 added. Image captured from scanner. (04:35 SNIS)

Page 008 added. Image captured from scanner. (04:35 SNIS)

CODE BLUE: Image captured from scanner. (04:46 SNIS)

Page 002 added. Image captured from scanner. (04:46 SNIS)



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CARDIAC RHYTHM RECORD: Image captured from scanner. (04:46 SNIS)

Page 002 added. Image captured from scanner. (04:46 SNIS)

CODE BLUE: Page 003 added. Image captured from scanner. (04:47 SNIS)

INTERIM STATE PACKET: Image captured from scanner. (04:47 SNIS)

CODE BLUE: Page 004 added. Image captured from scanner. (04:58 SNIS)

CARDIAC RHYTHM RECORD: Page 003 added. Image captured from scanner. (04:58

SNIS)

CODE BLUE: Page 005 added. Image captured from scanner. (05:36 SNIS)

CORONER RECEIPT: Image captured from scanner. (07:54 JSWL)

RELEASE OF REMAINS: Image captured from scanner. (07:56 JSWL)

Key:

AORO=Orona, Abigail ESP=Pino, RN MS, Estella HKIM=Kim, RN, Hye Jung HPC=Palma-Corral, RN, Heidi
JSWL=Lee, SCRIBE, UA, Josh NZEN=Zeng, SCRIBE, Noel SNIS=Nisha, Shavina YC=Chipres, PMR, Yessenia
YKAO=Kao, MD, Yi Ling